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File ID

Date

Year			Month		Day		

Age years old Gender : Male Female

What grade are you in?

- Grade 7 Grade 10
 Grade 8 Grade 11
 Grade 9 Grade 12

First name: _____ (optional)

Last name: _____ (optional)

The following questionnaire is about gambling. By gambling, we mean when you bet or risk money or something of value so that you can win or gain money or something else of value.

1. IN THE LAST 3 MONTHS...
How often did you bet or gamble money or something of value in the following activities and approximately how much time per week did you spent on each one?

1a) In the last 3 months, how often have you gambled or bet on this activity? If you answer "Not in the past 3 months" go to the next activity.

1b) In the last 3 months, about how much time did you spend on this activity in a typical week (hours:minutes)?

Not in the past 3 months About once/month 2-3 times/month About once/week 2-6 times/week Daily

Hours / Minutes

1. Internet (for money).....
 Poker Slot machine Others

1a)

1b) :

The following activities do not include internet

2. Lottery tickets (e.g., 6/49, Super 7).....

2a)

2b) :

3. Instant-win or scratch tickets (e.g. break-open, pull-tab, Nevada strips).....

3a)

3b) :

4. Raffle or fundraising tickets.....

4a)

4b) :

5. Blotzito.....

5a)

5b) :

6. Cards for money (poker, black jack, etc.).....

6a)

6b) :

7. Board or dice (for money).....

7a)

7b) :

8. Video lottery terminals.....

8a)

8b) :

9. Slot machines at casinos or racetracks.....

9a)

9b) :

10. Arcade or video games for money or something of value.....

10a)

10b) :

11. Sport Select (e.g. Pro Line, Over/Under, Point Spread).....

11a)

11b) :

12. Sports pools or games (hockey, basketball, etc.)....

12a)

12b) :

13. Sports through a bookie (i.e. someone who accepts and pays off bets).....

13a)

13b) :

14. Horse race (i.e. live at track and/or off-track).....

14a)

14b) :

15. Table games at casinos (e.g. poker, black jack, roulette).....

15a)

15b) :

16. Your or someone else's performance in games of skill (e.g. pool, golf, bowling, darts) or other activities (e.g. sports school).....

16a)

16b) :

17. A dare or challenge that you or someone else can do something.....

17a)

17b) :

18. Bingo (for money or something of value).....

18a)

18b) :

19. Any other form of gambling/betting (What is it? Please write down).....

19a)

19b) :

If you have not gambled on any of the above activities DURING THE LAST THREE MONTH, the questionnaire is done. If you gambled on one or more activities, please continue to item #20a.

20a. DURING THE LAST 3 MONTHS, how much money in total did you lose on gambling/betting? If you did not lose any money, enter "0" (in dollars). \$,00

20b. DURING THE LAST 3 MONTHS, did you lose something of value on gambling/betting? If yes, write down its value (in dollars) and what was it (if more than one, calculate the total value):
\$,00

The following questions are about your gambling/betting OVER THE PAST 3 MONTHS.

	Never	Some -times	Most of the time	Almost Always		Reserved for administration purpose				
						PCS	SCS	FCS	LCS	GPSS
21. How often have you felt guilty about how much money you have lost gambling/betting?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21.	<input type="checkbox"/>				
22. How often have you skipped practice or dropped out of activities (such as team sports or band) due to your gambling/betting?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22.		<input type="checkbox"/>			<input type="checkbox"/>
23. How often have you felt sad or depressed about how much money you have lost gambling/betting?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23.	<input type="checkbox"/>				
24. How often have you skipped family gatherings in order to gamble/bet?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24.		<input type="checkbox"/>			
25. How often has gambling/betting made you feel frustrated?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25.	<input type="checkbox"/>				
26. How often have you skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26.		<input type="checkbox"/>			<input type="checkbox"/>
27. How often have you planned your gambling/betting activities?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27.				<input type="checkbox"/>	<input type="checkbox"/>
28. How often have you felt bad about the way you gamble/bet or what happens when you gamble/bet?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28.	<input type="checkbox"/>				<input type="checkbox"/>
29. How often have you skipped get-togethers with friends in order to gamble/bet?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29.		<input type="checkbox"/>			
30. How often have you gambled/bet your winnings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30.				<input type="checkbox"/>	
31. How often has gambling/betting made you feel stressed?.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31.	<input type="checkbox"/>				
32. How often have your family or friends complained that you gamble/bet too much?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32.		<input type="checkbox"/>			

The following questions are about your gambling/betting OVER THE PAST 3 MONTHS.

- 33. How often have you gambled/bet for longer periods of time than you intended to?.....
- 34. How often have you felt it would be better for your well-being to stop gambling/betting?.....
- 35. How often have you gone back another day to try to win back the money you lost while gambling/betting?...
- 36. How often have you gambled/bet with more money than you intended to?
- 37. How often have you hidden your gambling/betting from your parents, other family members or teachers?...
- 38. How often have you had difficulties paying your gambling/betting debts?
- 39. How often has someone put pressure on you, in any way, to pay what you owe after you lost a gamble/bet?..
- 40. In the past 3 months, how often have you felt that you might have a problem with gambling/betting?.....

	Never	Some-times	Most of the times	Almost Always	
33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33.
34.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34.
35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35.
36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36.
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37.
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38.
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39.
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40.

Sometimes people do things because of gambling/betting. Please tell us how often you have done the following things in THE PAST 3 MONTHS

- 41. How often have you borrowed money from family, friends, or others to gamble/bet?.....
- 42. How often have you taken money that you were supposed to spend on lunch, clothing, movies, etc., and used it for gambling/betting or for paying off gambling/betting debts?.....
- 43. How often have you sold your personal property (such as electronics, clothings, etc) to have money to gamble/bet or to pay off your gambling/betting debts?.
- 44. How often have you stolen money or other things of value in order to gamble/bet or to pay off your gambling/betting debts?.....

	Never	1-3 times	4-6 times	7 or more times	
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41.
42.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42.
43.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43.
44.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44.

Total scores:

Reserved for administration purpose				
PCS	SCS	FCS	LCS	GPSS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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